L941

## CITY OF LANSING INCOME TAX OFFICE EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD

L941

			941				
1. IDENTICIATION NUMBER	2. D	EPOSIT PERIOD		3. DUE ON OR BEFORE	4. TAX WIT	HHHELD	
EMPLOYER'S NAME, ADDRESS & ZIP CODE				MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100			
				IMPORTANT			
				5. IF DEPOSIT IS FOR A PERIOD OTHER THAN BOX 2, ENTER THE CORRECT PERIOD		MONTH	YEAR
				MAKE REMITTANCE PAYABLE TO: LANSING CITY TREASURER			
				MAIL THIS FORM AND PAYMENT TO:			
SIGNATURE TITLE		DATE		CITY OF LANSING INCOME TAX OFFICE P.O. BOX 19219 LANSING, MI 48901			
PRINTED NAME OF SIGNER	CONTACT NUMBER		EMAIL ADDRESS				
FRINTED INAINE OF SIGNER	CONTACT NUMBER		EIVIAIL ADDRESS				